



**Minneapolis**  
*City of Lakes*

**Community Planning &  
Economic Development**

**Licenses and  
Consumer Services Division**

350 South 5th Street – Room 1C  
Minneapolis MN 55415-1391

Office: 612-673-2080  
Fax: 612-673-3399  
TTY: 612-673-2157

## **NOTICE OF PUBLIC HEARING**

**Date:** Monday, January 28, 2013 **Time:** 1:30pm or thereafter

**Place:** Minneapolis City Hall  
350 South 5<sup>th</sup> Street, Room 317  
Minneapolis, MN 55415

**Purpose:** To gather public opinion regarding the application from Northgate Brewing for an Off-Sale Malt Liquor Growler License. If approved, they intend to operate a brewery and sell growlers of their beer for consumption off of their licensed premises.

**Applicant's Name (Legal Entity):** Northgate Brewing, LLC

**DBA/Trade Name:** Northgate Brewing

**Complete Address:** 3134 California St NE, #122,  
Minneapolis, MN 55418

**Telephone Number:** 612-327-5474

**Current License:** None

**Requested License:** Off-Sale Malt Liquor Growler

**Nature of Entertainment:** No entertainment will be allowed.

**Off Street Parking:** The Office of the Zoning Administrator has determined that four spaces are required to be provided on site. This requirement has been met.

You are invited to attend, express your opinions, and/or submit such in writing. Please use the next page to make written comments or contact Inspector Michele Harvet at [michele.harvet@minneapolismn.gov](mailto:michele.harvet@minneapolismn.gov) or 612-673-5484.

**Information in Other Languages:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

**DBA/Trade Name:** Northgate Brewing

**Date of Public Hearing:** January 28, 2013

**Your Name:** \_\_\_\_\_ **Your Address:** \_\_\_\_\_

**Comments:**This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You may return this response to:**

**Division of Licenses and Consumer Services  
Room 1-C City Hall  
350 5<sup>th</sup> Street South  
Minneapolis MN 55415**

**[BusinessLicenses@minneapolismn.gov](mailto:BusinessLicenses@minneapolismn.gov)**

**FAX 612-673-3399**

**Inspector: Michele Harvet**